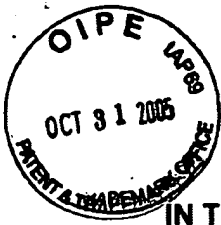


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[11443/72]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) : Michael WHITMAN
Serial No. : 10/099,634
Filing Date : March 15, 2002
For : ELECTRO-MECHANICAL SURGICAL DEVICE
Group Art Unit : 3739
Examiner : Beverly Flanagan

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on:

Date: Oct 28, 2005 Reg. No. 42,674

Signature: Thomas C. Hughes

RESPONSE

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10079634

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	35 36	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 =	15 16
INDEPENDENT CLAIMS	11 minus 3 =	8
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

3-17-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	36	Minus	36
Independent	11	Minus	11
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	370.00	BASIC FEE	740.00
X\$ 9=	144	X\$18=	234
X42=	336	X84=	672
+140=		+280=	
TOTAL	846	TOTAL	

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	
ADDIT. FEE		ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	
ADDIT. FEE		ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL		TOTAL	
ADDIT. FEE		ADDIT. FEE	

10-31-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus	36
Independent	4	Minus	11
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.